

2020 Kyle C. Slocum Memorial Scholarship Form

Applicant's Name \_\_\_\_\_

Student ID No. \_\_\_\_\_

Address \_\_\_\_\_

Cty/St/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

UCONN Branch \_\_\_\_\_

Are you a relative of a CT-licensed Landscape Architect or CTASLA Member?

Yes                      No

(If yes) Name/Relationship \_\_\_\_\_

Are you a relative of a SLAM Employee?

Yes                      No

(If yes) Name/Relationship \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature - I attest all information is truthful.

\_\_\_\_\_  
Date